

| | | | |
|---|--|--|--------------------|
| EVIDENCE/PROPERTY CUSTODY DOCUMENT For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command | | MPR/CID SEQUENCE NUMBER <hr/> CRD REPORT/CID ROI NUMBER | |
| RECEIVING ACTIVITY | | LOCATION | |
| NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER | | ADDRESS <i>(Include Zip Code)</i> | |
| LOCATION FROM WHERE OBTAINED | | REASON OBTAINED | TIME/DATE OBTAINED |

| ITEM NO. | QUANTITY | DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i> |
|----------|----------|--|
| | | |

| CHAIN OF CUSTODY | | | | |
|------------------|------|----------------------|----------------------|------------------------------|
| ITEM NO. | DATE | RELEASED BY | RECEIVED BY | PURPOSE OF CHANGE OF CUSTODY |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |

| CHAIN OF CUSTODY (Continued) | | | | |
|------------------------------|------|----------------------|----------------------|------------------------------|
| ITEM NO. | DATE | RELEASED BY | RECEIVED BY | PURPOSE OF CHANGE OF CUSTODY |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |
| | | SIGNATURE | SIGNATURE | |
| | | NAME, GRADE OR TITLE | NAME, GRADE OR TITLE | |

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) _____

DESTROY _____

OTHER (Specify) _____

FINAL DISPOSAL AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, PERTAINING TO THE INVESTIGATION INVOLVING _____ (Grade)

_____ (IS) (ARE) NO LONGER

_____ (Name) _____ (Organization)

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. (If article(s) must be retained, do not sign, but explain in separate correspondence.)

_____ (Typed/Printed Name, Grade, Title) _____ (Signature) _____ (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

_____ (Typed/Printed Name, Organization) _____ (Signature)